

Arleen Kline

2/23/2017

Appropriations - DMHAS

Thank you to the Appropriations Committee for listening to my testimony today. My name is Arleen Kline, and I am opposed to closing or privatizing Blue Hills Hospital. I am opposed to transferring beds from Blue Hills Hospital to Connecticut Valley Hospital, as proposed in the Governor's budget for DMHAS.

I live in Farmington. The drug epidemic is affecting people of all ages, all intelligence levels and all backgrounds.

Blue Hills Hospital takes in the most complicated drug addiction cases – patients suffering from co-occurring disorders – that is suffering from both mental illness and drug addiction. Patients with co-occurring disorders present a greater challenge to identify and treat than those suffering from addiction alone. These patients require individualized treatment plans with intense psychiatric care and drug rehabilitation. My son is currently a patient at Blue Hills Hospital. He is twenty years old, and I wish he could be here tonight to tell you about his journey.

Complicated cases like my son have few options for treatment. Psychiatrists at UCONN concluded that my son's illness required that he be transferred to only Blue Hills Hospital. Initially, the psychiatrists considered Lebanon Pines, one of the last long-term treatment facilities in Connecticut, but my son was too unstable to be accepted there.

I feel my son is finally receiving the necessary combination of medication and therapy to have a chance at overcoming his addiction. The staff at Blue Hills is the highest trained staff I have encountered on the long road to recovery. Previous attempts at treating my son's addiction without adequately addressing his mental illness have not been successful.

Privatizing Blue Hills Hospital Rehab beds is a bad idea for several reasons:

Private hospitals have the right to turn patients away, to be selective in who they accept, and discriminate against those who may be unable to pay for services. In a telephone conversation with Lebanon Pines months earlier, I was told that because my son has Husky Insurance, the wait time for a bed could be several weeks. However, if I was able to pay out of pocket or could obtain private insurance, there would be almost no wait time. I fear that if Blue Hills is privatized, the shortage of beds will become even more acute for those with Husky Insurance.

Private hospitals also tend to be more expensive than public hospitals. For patients like my son, the State of Connecticut may end up paying more in the way of his treatment costs than if Blue Hills remained a State-run facility.

If Blue Hills is privatized, the State will lose oversight. Oversight ensures the appropriate level and quality of treatment required for the highest possible success rates. Addicts represent some

of the most down-trodden in our society. I feel these severely at-risk patients need the highest level of oversight.

Moving detox beds from Blue Hills Hospital in Hartford to Middletown is a bad idea and may prove to be extremely unsafe. Drug addicts and mentally ill patients can be highly unstable. Transporting them can be dangerous. On more than one occasion, my son opened the passenger door of my car, put his leg out, yelling pull over pull over. It is terrifying. My son was transported door-to-door from UCONN to Blue Hills in a very controlled way - by ambulance.

Currently, Blue Hills is the only walk-in detox center in Hartford. From my own experience, emergency rooms are not equipped to handle detox. My son checked himself in at emergency rooms at least eleven times in the last two years. In some instances, they kept him only a few hours, other times only one day. Each time he was released with no treatment plan and given a list of telephone numbers to call to inaccessible places. On more than one occasion, doctors wrote "suicidal ideation" on his discharge forms and still just released him. I also believe emergency rooms did not evaluate him for mental illness or look up previous medical records. They only considered him a drug addict. Two days before he was admitted at UCONN, I went to Bristol Hospital with him, explaining that he needed help. Again, we were handed a list of telephone numbers.

A key component to the success of treatment is family involvement. I have been attending weekly family sessions offered at Blue Hills to gain valuable insight into how to cope, and to learn ways to provide only positive reinforcement. It is important that family members have access to the hospital's team of specialists, and that they work in partnership to ensure the best possible treatment plan. Family members can provide valuable insight and medical history, especially for mentally ill patients. The counseling provided to the family is an important component in helping the family and the addict work together for the success of recovery. Families should not be alienated from the treatment process. Moving beds out of the Hartford neighborhood that Blue Hills serves will make it logistically and, for some with hourly wage jobs, financially impossible, to be part of their loved ones team and be involved in the treatment process.

Moving detox beds to Middletown, making them less accessible, and privatizing Blue Hills Rehab, will put further obstacles in the path to recovery, and make an already overcrowded and extremely overwhelming system even less functional. I believe there have been several missed opportunities in the treatment of my son. For example, last February a wait list of 4 weeks to attend UCONN's Intensive Outpatient Program caused my son to decline further into drugs to the point where, after the first session, he was told he no longer qualified to be there, and that he needed a higher level of care. They told him he needed to make phone calls to in-patient facilities. He made calls to Rushford and Farrell only to be told no beds were available. He declined further and was no longer willing to seek treatment until now.

Addiction is a chronic disease and a life-long struggle. Putting obstacles in the path to recovery makes the monumental task of achieving recovery even more daunting. It frightens me to think

that you are considering making any changes to the substance abuse treatment facilities with the current opioid epidemic.

My son is now on a waiting list to go to a long-term care facility.

Please think of people like my son before making any cuts to Blue Hills as proposed in the Governor's Budget.